Case 1.05-CI-10152-DPW Document 8 Filed 06/23/2005 Page 1 of 1											
1. CIR./DIST./DIV. CODE MAX	ST./DIV. CODE 2. PERSON REPRESENTED				VOUCHER NUMBER						
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 1:05-010152-001		R 5. APP	5. APPEALS DKT./DEF. NUMBER			6. OTHER DKT. NUMBER			
7. IN CASE/MATTER OF (Case Name)		8. PAYMENT CATEGORY		9. TYP	9. TYPE PERSON REPRESENTED			10. REPRESENTATION TYPE (See Instructions)			
U.S. v. Rios		Felony		Ac	Adult Defendant			Criminal Case			
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 922N.F TRANSPORT FIREARMS INTERSTATE BY FELON											
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS Weinstein, Elliott M. 228 Lewis Wharf Boston MA 02110 Telephone Number: (617) 367-9334 14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)				O F P Prior A Apr Garage attorney ions) Oth Signa D Repaym	P Subs F or Panel Attorney Y Standby Counsel Prior Attorney's Name: Appointment Date: Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or Other (See Instructions) /S/ NOTEEN A. RUSSO Signature of Presiding Judicial Officer or By Order of the Court 06/23/2005 Date of Order Repayment or partial repayment ordered from the person represented for this service at						
	time of	time of appointment.									
	CLAIM FOR SE	RVICES AND EXI	PENSES		Т т	YOTAT				DNLY	
CATEGORIES (Attack	n itemization of sen	rvices with dates)		HOURS CLAIMED	Al	OTAL MOUNT LAIMED	MATH/TECH ADJUSTED HOURS		TECH STED UNT	ADDITIONAL REVIEW	
15. a. Arraignment and/or Plea					4						
b. Bail and Detention Hearings					4						
c. Motion Hearings					4						
I d. Trial											
C e. Sentencing Hearings											
o u f. Revocation Hearings											
r g. Appeals Court											
h. Other (Specify on additional sheets)											
(Rate per hour = \$) TOTALS:											
16. a. Interviews and Conferences											
O u b. Obtaining and reviewing records					-				ŀ		
a Logal recovery and brief verting					-				H		
f d Travel time					-				H		
e. Investigative and Other work (Specify on additional sheets)					-				-		
f T											
(Rate per nour			TALS:		\vdash						
17. Travel Expenses		g, meals, mileage, et			⊢						
18. Other Expenses	(other than exper	rt, transcripts, etc.)			Ь—						
GRAND TOTALS (CLAIMED AND ADJUSTED):											
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD O F SERVICE FROM TO				TCE	20. A	APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION 21. CASE DISPOSITION					
22. CLAIM STATUS Final Payment Interim Payment Number Supplemental Payment Have you previously applied to the court for compensation and/or remimbursement for this case? YES NO If yes, were you paid? YES NO Other than from the court, have you, or toyour knowledge has anyone else, received payment (compensation or anything or value) from any other source in connection with this representation? YES NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.											
Signature of Attorney: Date: APPROVED FOR PAYMENT COURT USE ONLY											
23. IN COURT COMP.						26. OTHER EXPENSES			27. TOTAL AMT. APPR / CERT		
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER						DATE			28a. JUDGE / MAG. JUDGE CODE		
29. IN COURT COMP.	9. IN COURT COMP. 30. OUT OF COURT COMP. 31. TRAVEL EX					32. OTHER EXPENSES			33. TOTAL AMT. APPROVED		
34. SIGNATURE OF CHIEF JUDGE, COURT OF APP EALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.						DATE			34a. JUDGE CODE		